

**RELEASE OF INFORMATION FOR EMPLOYMENT
WITH THE KANSAS DEPARTMENT OF SOCIAL &
REHABILITATION SERVICES**

I hereby authorize any of the persons and/or organizations referenced in my employment application or resume to provide a representative from the Kansas Department of Social and Rehabilitation Services any and all information concerning my previous employment, education, or any other information they possess regarding any of the subjects covered by the employment application or my resume. Such information may include, but is not limited to, transcripts of courses completed, copies of degrees issued, copies of licenses issued, documents from a personnel file, past employment applications, past employment evaluations, job descriptions, disciplinary letters, letters of resignation and letters of commendation. I hereby release all such persons and/or organizations providing such information from all liability for any damages that may result from furnishing this information to a representative from the Kansas Department of Social and Rehabilitation Services. Further, I authorize a representative from the Kansas Department of Social and Rehabilitation Services to request, receive and verify all information given on my application and resume, and I release the representative of the Kansas Department of Social and Rehabilitation Services, the Secretary of the Kansas Department of Social and Rehabilitation Services, the Kansas Department of Social and Rehabilitation Services, and the State of Kansas from all liability for any damages that may result from so doing.

Applicant's Signature

Date